CS Form No. 211 Revised 2018

MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certificate c. The results of the formust be attached to the Blood Test Urinalysis Chest X-Ra Drug Test Psychologi	ay	employment.
	FOF	R THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
SACRO, CELSO F.			VISAXAC STATE
GUADAMPE, BAYBAY CITY LEXTE			UNIVERITY
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
53	-m	MARCIFD	Admin. Officer E
			11
	FOR THE	LICENSED GOVERNMEN	IT PHYSICIAN
		ewed and evaluated the attached exa Wher to be physically and medically ,D	mination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ELWIN JAY N. YU, NO, NPH. Chief of Hospital I License No. 898880			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:			had
VUAYAS STATE	- university Ittos	PITAL	

LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Stripped Bare Foot 098800 80 kg 1-74m OFFICIAL DESIGNATION DATE EXAMINED OHEF OF HOSPITAL 1

TYPE

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